



Contractors Gross Receipts Gross Receipts Withholding Return

1. **Contract Awarded by:** ☐ Agency ☐ Prime Contractor

Federal Identification Number (FEIN):		
Name:		
Address:		
City:	State:	Zip Code:

2. **Contract Awarded to:** ☐ Prime Contractor ☐ Sub-Contractor

Federal Identification Number (FEIN):		
Name:		
Address:		
City:	State:	Zip Code:

- | | | |
|--|-----|--------------|
| 3. Government Issued Contract Number | 3. | |
| 4. Contract Award Date | 4. | ___/___/20__ |
| 5. Month and year increment payment earned | 5. | ___/20__ |
| 6. Gross amount due prime contractor or sub-contractor at the time of this report. ... | 6. | \$ |
| 7. Amount Withheld (1% of line 6.) (If payment made to prime contractor from
awarding agency, remittance must accompany this report.) | 7. | \$ |
| 8. Net amount paid prime contractor or sub-contractor at the time of this report | 8. | \$ |
| 9. Check proper box for type of return being filed: | | |
| <input type="checkbox"/> Remittance attached for credit to prime contractor's account (amount paid.) | 9a. | \$ |
| <input type="checkbox"/> Sub-Contractor allocation. Authorization to transfer credit to sub-contractor
Failure of prime contractor to file a distribution report within thirty (30) days
of payment will result in a 10% penalty.
Date payment made to sub-contractor | 9b. | ___/___/20__ |

10. Description of work to be performed: _____

11. Location of work to be performed (be specific): _____

The agency or contractor must, in accordance with Section 15-5-206, Montana Code Annotated, withhold one percent (1%) of incremental payments due the contractor or sub-contractor. Amounts withheld from a prime contractor must be forwarded with this report to the Department of Revenue. Amounts withheld from sub-contractors must be reported on this form so that proper allocation of credit can be made from prime contractor's account to the sub-contractor.

Return Submitted by: ☐ Agency ☐ Prime Contractor ☐ Sub-Contractor

Award Authorization

Preparer's Signature: _____

Preparer's Title: _____ Date: _____

Phone: _____ Fax: _____